



16569 U.S. PTO

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PTO/SB/50 (05-03)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: MS Reissue
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P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No.	393032023130
First Named Inventor	Kazuhisa OKAMURA
Original Patent Number	6,359,206
Original Patent Issue Date (Month/Day/Year)	March 19, 2002
Express Mail Label No.	EV415770465US

APPLICATION FOR REISSUE OF:
(check applicable box)

Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 CFR § 1.175)(PTO/SB/51 or 52)
6. ☒ Power of Attorney
7. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53)
☒ 37 CFR 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
11. ☒ Original U.S. Patent for surrender
☒ Ribboned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
12. ☒ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other:

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

25224

or



Correspondence address below

Name David L. Fehrman
MORRISON & FOERSTER LLP

Address 555 W. Fifth Street

City Los Angeles

State CA

Zip Code 90013

Country US

Telephone (213) 892-5601

Fax (213) 892-5454

Name (Print/Type) Hector Gallegos

Registration No. (Attorney/Agent)

40,614

Signature

Date

March 19, 2004

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Dated: March 19, 2004

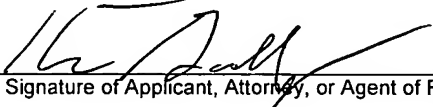
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(Marco Jimenez)

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 393032023130		
Claims as Filed – Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 17	Total Claims (37 CFR 1.16(j))	(B) 14	**** 0 = x \$	=	or	x \$18	= 0	
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 3	* 0 = x \$	=		x 86\$	= 0	
Basic Fee (37 CFR 1.16(h))				\$				\$ 770.00
Total Filing Fee				\$		OR	\$ 770.00	
Claims as Amended – Part 2								
	(1) Claims Remaining After Amendment		(2) Highest No. Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	14	MINUS	17	* = 0	x \$	=	x \$18	= 0
Independent claims 37 CFR 1.16(i)	3	MINUS	3	= 0	x \$	=	x 86	= 0
Total Additional Fee					\$		OR	\$ 0
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>03-1952</u> in the amount of \$ <u>770.00</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>03-1952</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
<u>March 19, 2004</u> Date				 Signature of Applicant, Attorney, or Agent of Record				
<u>40,614</u> Registration Number, if applicable				<u>Hector Gallegos</u> Typed or printed name				

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Dated: 3/19/04Signature:  (Marco Jimenez)